

MONTANA CRANE LICENSING PROGRAM
301 SOUTH PARK, PO BOX 200513
HELENA, MT 59620-0513
E-Mail: dlibsdbbc@state.mt.us
Website: <http://www.discoveringmontana.com/dli/cra>

APPLICATION

- 1.** Complete page one in its entirety. The address and phone numbers furnished will be our avenue of communication, and therefore must be current and correct.
- 2.** Answer all questions.
- 3.** Certificate of experience. The form must be signed by the person you are working under (you cannot sign yourself off) and have it notarized.
- 4.** Affidavit must be filled out correctly, and notarized.
- 5.** Proof of physical obtained no later than 180 days required before applicant can be approved for exam. CDL physicals are accepted following the above requirement.
- 6.** Half of the total license fee must accompany the application.

INCOMPLETE APPLICATIONS WILL BE RETURNED

TESTING

The State of Montana Crane Licensing Program testing involves all phases of Crane Operation.

- 1.** Hand Signals
- 2.** Load Charts
- 3.** Rigging Situations
- 4.** Safe Crane Set Up
- 5.** Electrical Distances
- 6.** Basic Crane Safety

After receiving your application our Crane Safety & Licensing Specialist will review it to make sure that you meet all of the requirements. When all of the requirements have been met, you will be contacted to set up a time and a place for examination. Because of the demands for Crane Operators there may be a 2- week waiting period.

*It is recommended that you study from one of the recommended crane reference books listed on Page 3 of the application. Thank you for your interest in our program. This is to promote safe crane operation in the industry throughout Montana. **If you have any questions please call (406) 841-2367.***

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QUALIFICATIONS, EXAMINATION INFORMATION AND FEE SCHEDULE FOR CRANE OPERATOR LICENSURE

In order to be eligible for the examination, an applicant must have the necessary experience requirements prescribed by the Department of Labor & Industry, as required by Title 50, Chapter 76, Montana Code Annotated.

CLASS	Appl/Lic Fees	RATED SIZE	MINIMUM EXPERIENCE
Third Class Crane Oiler	\$30.00/\$30.00 TOTAL - \$60.00	Move Truck Cranes only	Age 18 or older and pass written examination.
Second Class Crane Hoist	\$35.00/\$35.00 TOTAL - \$70.00	6 tons and boom length of 25 feet up to 15 tons and boom length of 60 feet.	Age 18 or older, no less than 2 years experience in operation of rated size equipment in this category, passage of a written exam, and submit a current physical taken within the last 180 days of application.
Second Class Hydraulic & Boom Truck	\$35.00/\$35.00 TOTAL - \$70.00	Hydraulic & boom trucks up to 15 tons and 60 feet of boom.	-or- Age 18 or older, at least 1 year experience, passage of a written examination, and submit a current physical taken within the last 180 days of application.
First Class Crane Hoist	\$40.00/\$40.00 TOTAL - \$80.00	All classes of cranes and hoists except mine hoists.	Age 18 or older, no less than 3 years experience in operation of rated size equipment in this category, passage of a written exam, and submit a current physical taken within the last 180 days of application.
First Class Crane Hydraulic Hoist	\$40.00/\$40.00 TOTAL - \$80.00	All classes of hydraulic cranes and hydraulic hoist equipment only.	-or- Age 18 or older, between 1 and 3 years experience, passage of a written examination, and submit a current physical taken within the last 180 days of application.
First Class Crane Gantry & Trolley	\$40.00/\$40.00 TOTAL - \$80.00	Gantry and trolley cranes only.	Age 18 or older, no less than 3 years experience in operation of rated size equipment in this category, passage of a written exam, and submit a current physical taken within the last 180 days of application.
			-or- Age 18 or older, between 1 and 3 years experience, passage of a written examination, and submit a current physical taken within the last 180 days of application.
Second Class Mine Hoist	\$35.00/\$35.00 TOTAL - \$70.00	Mine hoists not to exceed 100 brake horsepower.	Age 18 or older, no less than 2 years experience in operation of rated size equipment in this category, passage of a written exam, and submit a current physical taken within the last 180 days of application.
			-or- Age 18 or older, between 1 and 2 years experience, passage of a written examination, and submit a current physical taken within the last 180 days of application.
Second Class Hoisting	\$35.00/\$35.00 TOTAL - \$70.00	Not to exceed 100 brake horsepower.	
First Class Mine Hoist	\$40.00/\$40.00 TOTAL - \$80.00	All Classes of Mine Hoists	Age 18 or older, no less than 3 years experience in operation of rated size equipment in this category, passage of a written exam, and submit a current physical taken within the last 180 days of application.
			-or- Age 18 or older, between 1 and 3 years experience, passage of a written examination, and submit a current physical taken within the last 180 days of application.
First Class Hoist	\$40.00/\$40.00 TOTAL - \$80.00	All classes of hoists.	
First Class Tower Crane	\$40.00/\$40.00 TOTAL - \$80.00	All types of tower cranes.	See requirements for any first class crane operator.
Second Class Tower Crane	\$35.00/\$35.00 TOTAL - \$70.00	Tower cranes up to 15 tons and 60 feet of boom .	See requirements for any second-class crane operator.

ADDITIONAL FEES

\$40.00 Annual Renewal
\$15.00 License Replacement

* Application fees are as stated above. IN ACCORDANCE WITH SECTION 50-740 310, MCA, THE APPLICATION FEE SHALL BE FORFEITED IN THE EVENT THE APPLICANT FAILS TO APPEAR FOR A SCHEDULED TEST OR FAILS TO PASS THE EXAMINATION.

CRANE REFERENCE BOOKS

MOBILE CRANE MANUAL	available through	Construction Safety Association of Ontario 74 Victoria Street Toronto, Ontario, Canada M5C 2A5 Phone: (416) 674-2726
RIGGING MANUAL		
IPT'S CRANE AND RIGGING HANDBOOK	available through	IPT Publishing PO Box 9590 Edmonton, Alberta, Canada T6C 5X2 Phone: (780) 962-4819
AMERICAN NATIONAL STANDARDS ANSI/ASME B30.5	available through	American National Standards Institute 11 W 42nd Street New York NY 10036 Phone: (212) 642-4900 E-Mail quote@anse.org

INSTRUCTIONS FOR APPLICATIONS

Applicants are to complete the application in its entirety and submit it with the required fee. Checks and money orders are to be made payable to the DEPARTMENT OF LABOR & INDUSTRY. Incomplete applications will be returned.

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CRANE/HOISTING LICENSE APPLICATION
APPLICATION FOR LICENSURE AS: (please check one)

HOISTING:	First Class	Second Class	CRANE HOISTING:	First Class	Second Class
HYDRAULIC HOISTING	First Class		MINE HOISTING:	First Class	Second Class
TOWER CRANE:	First Class	Second Class	HYDRAULIC & BOOM TRUCK:		Second Class
GANTRY & TOWER:	First Class		OILER:	Third Class	

1. NAME :

Last
First
Middle
2. OTHER NAME(S) KNOWN BY
3. PRESENT EMPLOYER:
4. EMPLOYER'S ADDRESS:

Street or PO Box #
City and State
Zip
Country
- HOME ADDRESS:

Street or PO Box #
City and State
Zip
Country
5. PREFERRED MAILING ADDRESS: Business Home E-MAIL ADDRESS
6. TELEPHONE: () () ()

Business
Home
Fax
7. SOCIAL SECURITY NUMBER FOREIGN ID NUMBER
8. DATE OF BIRTH AGE PLACE OF BIRTH MALE

Month/ Day/Year
City/State
FEMALE
9. LICENSE NAME

(State your name as it should appear on the license if granted.)

All applicants must answer the following questions. If you answer yes, give specific details (names of organizations, dates, reasons, and outcome) on a Supplement Sheet.

10. If taking the examination, do you have any physical or mental impairment(s) requiring special accommodations)? If yes, attach a detailed explanation. Yes No
11. Have you ever applied for or taken a Montana crane licensure examination? If yes, attach a detailed explanation giving type of examination taken, date taken, and results. Yes No
12. Have you ever applied for or taken a crane licensure examination in any other state? If yes, attach a detailed explanation giving name of state, type of examination taken, date applied for or taken, and results. Yes No
13. Have you ever been denied the right to take a crane licensure examination in any state? If yes, attach a detailed explanation. Yes No
14. Has a licensing agency ever taken adverse or disciplinary action against your license (certificate)? Yes No

If yes, attach a detailed explanation.

15.

Has your license (certificate) ever been forfeited or surrendered? If yes, attach a detailed explanation.

Yes

No
16.

Has a complaint ever been made against you alleging unethical behavior or unprofessional conduct? If yes, attach a detailed explanation.

Yes

No
17.

Has any legal or disciplinary action been filed against you which relates to the propriety or your fitness to practice this profession? If yes, attach a detailed explanation.

Yes

No
18.

Have you ever been expelled from or asked to resign from any professional organization or been censured by a professional organization of which you were a member? If yes, attach a detailed explanation.

Yes

No
19.

Have you ever been charged with or convicted of a crime (including a plea of no contest or deferred prosecution) relating to, or committed during the course of your professional practice, involving violence, use or sale of drugs, fraud, deceit, or theft, whether or not an appeal is pending? You may omit: (1) traffic violations for which you paid a fine of \$100.00 or less and (2) charges or convictions prior to your 16th birthday. If yes, attach a detailed explanation.

Yes

No
20.

Have you ever been charged with fraud, formally or informally, in any civil proceeding? If yes, attach a detailed explanation.

Yes

No
21.

Have you any physical or mental condition which has in the past three years adversely affected your ability to practice this profession, including but not limited to, a contagious or infectious disease involving serious risk to the public? If yes, attach a detailed explanation.

Yes

No
22.

Have you, within the last three years, used alcohol or any other mood-altering substance in a manner which adversely affected your ability to practice this profession? If yes, attach a detailed explanation.

Yes

No
23.

Do you currently hold a license in Montana or another state as a crane operator? If yes, provide the following information: (Attach a supplement sheet if necessary.)

Yes

No

State/Province Territory	License Number	Date Issued	Is It Current	Class/Type of License
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24. TRAINING COURSES:

List any training courses you have completed and include a copy of the certification:

Name of Course	Course Sponsor	Dates Attended
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CRANE EXPERIENCE RECORD:

25.

Please CHECK () Items below you have had actual experience in operating or doing:
- Winches for Personnel and Mater

Hoisting for Personnel and Material
- Cranes for Personnel and Material

Working as and Oiler
- Truck Crane Drive

TYPE OF ACTUAL EXPERIENCE: List dates for each different type of crane or hoist equipment you have operated.

FROM/TO MM/YY	FIRM OR COMPANY NAME	TYPES OF CRANE HOST	OPERATING CAPACITY
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CERTIFICATE OF EXPERIENCE

26. Submit this form with your application after it has been signed and notarized by persons who have knowledge of your experience with cranes or hoists.

Name of Applicant:

Social Security Number:

Employer/Business Name:

Employer Business Address:

Street

City

State

Zip

List all types of cranes or hoists that the above-named applicant has had experience operating.

From MM/YY	To MM/YY	Type of Crane/Hoist	Operating Capacity
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I _____
(Print Name) (Print Title) (Print Business Name)

hereby certify that the above-named applicant has obtained the necessary experience in the operation of the equipment specified above.

Signature

Date

Subscribed and sworn to before me this, _____ day of _____,

SEAL

Notary Public _____

For the State of _____

My Commission Expires _____

AFFIDAVIT

I authorize the release of information concerning my education, training, record, character, license history and competence to practice, by anyone who might possess such information, to the Montana licensing program.

I hereby declare under penalty of perjury the information included in my application to be true and complete to the best of my knowledge. In signing this application, I am aware that a false statement or evasive answer to any question may lead to denial of my application or subsequent revocation of licensure on ethical grounds. I have read and am familiar with the applicable licensure laws of the State of Montana and instructions to applicants for licensing. I accept the rules and procedures outlined in these documents as the basis for my application.

Legal Signature of Applicant

Dated

Subscribed and sworn to by me this _____ day of _____, _____ at _____.

City/State

Notary Public

SEAL

For the State of

My Commission Expires _____

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CRANE/HOIST PHYSICAL EXAMINATION

IMPORTANT NOTICE: *First and Second Class Crane/Hoist Operators or applicants require a biennial physical before issuance or renewal of license. New applicants need to have a physical done within the last 180 days when submitting a application. Use this form for your physician to report your physical examination. Be sure your physician completes and signs this form before sending it to us along with your license or renewal fee payment. Failure to have this physical examination submitted to us will result in delay in issuance renewal of your license. Physical Examination Authority refer to MCA 50-76-103(2), (b), (ii).*

CRANE/HOIST OPERATOR OR APPLICANT:

First Middle Last

Social Security Number:

License Number:

(If Applicable)

Physical Examination must be complete under the mandated criteria on the reverse side of this form.

ATTENDING PHYSICIAN COMMENTS:

EXAMINER INFORMATION:

Name of Examiner(please print):

Address:

Street

City

State

Zip Code

License #:

Professional Category:

(i.e., Physician, Physician Assistant)

I, the undersigned, hereby certify that I have conducted a biennial physical on the above named individual and in my professional opinion, is physically competent to safely operate crane/hoisting machinery.

Signature

Date

CRANE / HOIST PHYSICAL EXAMINATION MANDATED CRITERIA

Operators and operator trainees shall meet the following physical qualifications:

1. Vision of at least 20/30 Snellen in one eye and 20/50 in the other, with or without corrective \\DLIHLNBSD002\DATA\Bureaus\BOL\BBC\CRANES\CRANE APPS\Crane Application.doccra_app.pdf lenses.
2. Ability to distinguish colors, regardless of position, if color differences is required for operation.
3. Adequate hearing, with or without hearing aid, for specific operation.
4. Sufficient strength, endurance, agility, coordination, and speed of reaction to meet the demands of equipment operation.

Evidence of physical defects or emotional instability which would render a hazard to operator or others, or which in the opinion of the examiner could interfere with the operator's performance, may be sufficient cause for disqualification. In such cases, specialized clinical or medical judgements and tests may be required.

Evidence that an operator is subject to seizures or loss of physical control shall be sufficient reason for disqualification. Specialized medical tests may be required to determine these conditions.

Operators and operator trainees should have normal depth perception, field of vision, reaction time, manual dexterity, coordination, and no tendencies to dizziness or similar undesirable characteristics.

***When physically or mentally unfit, an operator shall not engage in the operation of equipment.**